

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107532392** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51									
2							52									
3							53									
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42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	4						TOTAL IND.									
TOTAL DEP.	25						TOTAL DEP.									
TOTAL CLAIMS	29						TOTAL CLAIMS									

Best Available Copy